



ACCREDITATION

EDUCATION

MEASUREMENT

# URAC Overview: Network Management and Quality Measurement

DC Health Benefit Exchange Authority, Insurance Market Committee

Date:

November 20, 2014

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## URAC Accredited Qualified Health Plans

- URAC currently accredits more than 30 different QHP issuers.
- URAC accredited QHPs anticipate offering coverage in 28 different Exchange Marketplaces.
- URAC accredited QHPs are typically medium sized, regional carriers.

# Consumer Protection

## Principles Underlying URAC's Standards

Health plans must have written policies and procedures for recruiting clinicians to their network, credentialing providers, and managing their network.

Health plans are responsible for analyzing and documenting the geographic and demographic make-up of their enrollees as well as creating provider networks that are both accessible and deliver quality medical care.

Consumers are provided an appeal process whenever they have financial responsibilities for out-of network care.

Consumers receive clear communications on how to access care both outside and inside the network, including preventive, urgent, and emergency care.

Health plans must routinely review information that could indicate problems with quality, access, or adequacy of their provider network. Such information include member complaints and appeals.

# URAC Standards Directly Addressing Network Management and Patient Rights

- Scope of Services: Confirms that a plan has the process in place to establish and assess the requirements of the service area, in terms of both population demographics and geographic area, being served by a network.
- Access and Availability: Establishes that the health plan is actively monitoring on an ongoing basis the performance of its network, comparing the network capacity to current and potential future member needs, and sharing these findings with its internal Quality Management Committee (QMC) for further action, if appropriate.
- Provider Selection Criteria: Verifies that the organization has a mechanism in place to inform providers regarding network participation requirements.
- Out of Network and Emergency Services: Validates that an organization has a plan in place to meet its obligation to provide all necessary care, and for the provision of emergency medical services when such services are not readily available within the network. The procedures must be made available to consumers in writing and in plain language.

# URAC Standards Directly Addressing Network Management and Patient Rights

- Non-Certification Appeals Process: Validates that a patient can appeal, through a formal process, any denial of covered services based on medical necessity.
- Appeals Process: Requires the organization to include and review all relevant information before rendering an appeal decision. The standard also requires that the health plan has a process to ensure that a patient receives the appropriate care should the initial service be denied.
- Compliance Program: Sets the criteria for an organization's compliance program by identifying and ensuring adherence to applicable laws and regulations

# URAC Partnering with States

## Arkansas Addendum Standards Addressing Network Adequacy

- AR 1: Time and Distance Targets for Provider Access
- AR 2: Availability of Emergency Services
- AR 3: Continuity of Care Plan for Cessation of QHP Services
- AR 4: Backup Process for Ensuring Provider Access
- AR 5: Additional [Department of Insurance] Requirements for QHP Provider Directories

# URAC and Inovalon Partnership

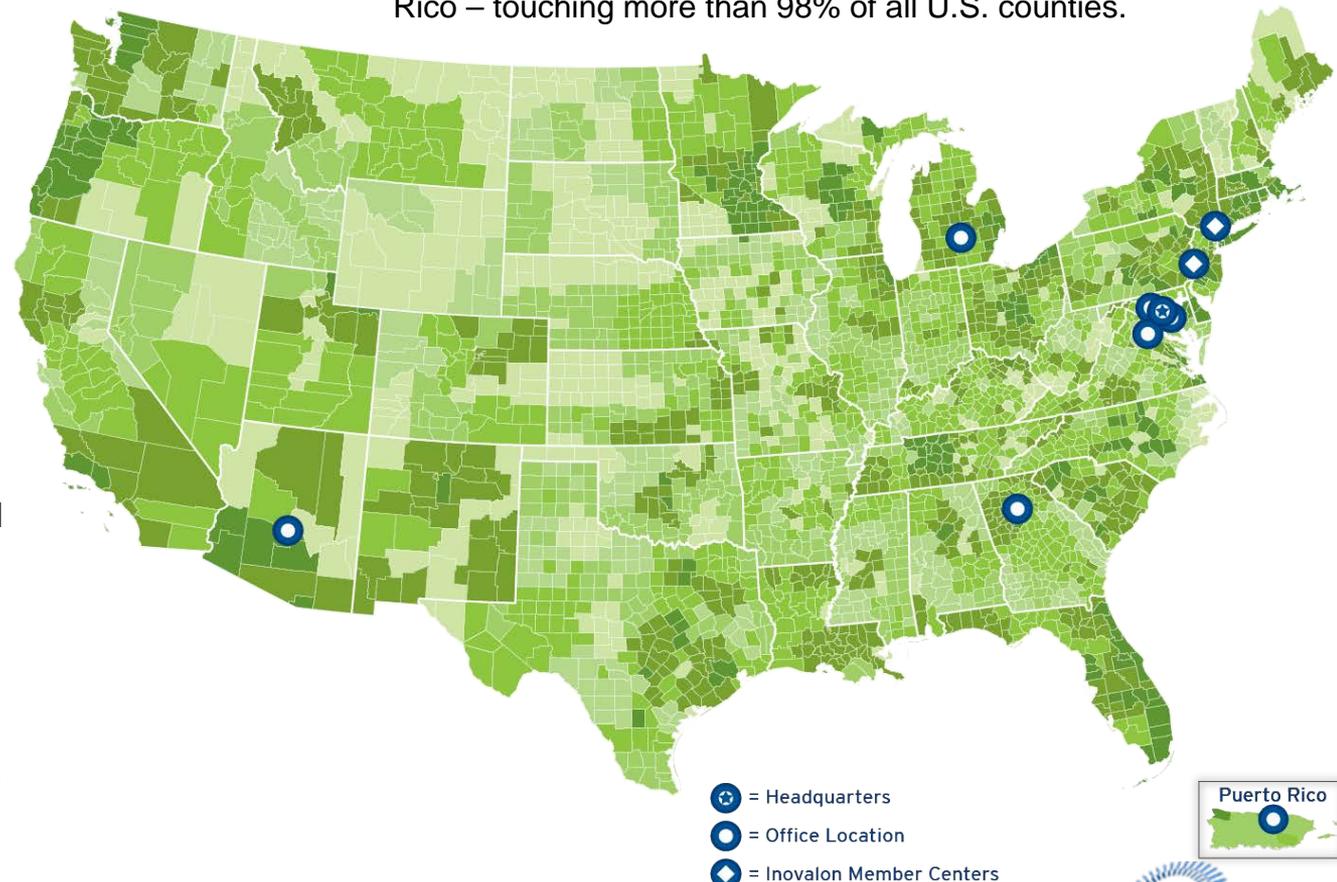
## Partnership Provides Performance Measurement Reporting to CMS

- Inovalon is a leading technology company that combines advanced cloud-based data analytics and data-driven intervention platforms to achieve meaningful impact in clinical and quality outcomes, utilization, and financial performance across the healthcare landscape. Driven by data, Inovalon uniquely identifies gaps in care, quality, data integrity, and financial performance—while also bringing to bear the unique capabilities to resolve them. Inovalon supports hundreds of healthcare organizations operating in 98% of all U.S. counties.
- The partnership will allow URAC accredited QHPs to leverage Inovalon's industry leading data analytics platform to report quality measures required for the Quality Rating System.
- URAC and Inovalon will work together to advance new evidence-based methods to measure the quality of care delivered at a population health level.

# Inovalon – Nationwide Expansive Healthcare Presence

- **Origins:** 1998
- **Headquarters:** Outside Washington, D.C.
- **Employees:** Approximately 2,500
- **Clients:**
  - Hundreds of Health Plans
  - Integrated Healthcare Delivery Systems
  - Regulatory Organizations
  - Academic Institutions
  - Physician Associations
  - Pharmaceutical Companies
- **Empowered Adoption:** Analytical and data-driven intervention platforms informed by data pertaining to more than:
  - 9.1 Billion Medical Events;
  - 119 Million Members;
  - 744,000 Physicians; and
  - 245,000 Clinical Facilities in
  - 98% of all U.S. Counties.

The map below displays Inovalon's office locations, as well as data and operational footprint density of Inovalon's activities across the United States and Puerto Rico – touching more than 98% of all U.S. counties.



## URAC Guiding Principles for Measure Selection

Parsimony

Scientific Evidence Base

Substitutability

Relevance

Actionable

## URAC Guiding Principles for Measure Development

Greater Focus on Outcomes Measures

Business Analytics

Web Portal Submission & Ease of Use

Consistency with All –Payer Claims Database

Targeted QI Feedback



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